ANNUAL PAYOR REPORT

NEW YORK STATE DEPARTMENT OF HEALTH

1999 PUBLIC GOODS POOL

REPORT OF COVERED LIVES ASSESSMENTS

	FOR THE JANUARY 1 THROUGH DECEMBER 31,	REPORT YEAR	
PAYOR NAME		FEDERAL TAX ID#	
TPA NAME (if applicable)		TPA FEDERAL TAX ID#	

V. Enter the number of 1999 covered lives (to the nearest whole number) under or (over) reported for prior periods (Prior Period Adjustments). If the payor erroneously submitted monthly reports during the current reporting year, enter any remaining adjustments to 1999 covered lives previously reported.

 $(Please \ note \ that, as \ mentioned \ in \ further \ detail \ in \ the \ instructions, the \ only \ amounts \ to \ be \ reported \ on \ the \ 1999 \ covered \ lives \ portion \ of \ the \ reports \ are \ prior \ period \ adjustments. \ As \ a \ result, \ Lines \ A \ through \ L$

have been eliminated. Thus the 1999 covered lives portion begins with Lines M and N.)

	TOTAL COVERED	REGION								
	LIVES	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN	
(M)	# INDIVIDUALS									
(N)	#FAMILY									

VI. Schedule of regional covered lives annual assessment rates.

	ANNUAL	REGION								
	ASSESSMENT RATE	NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN	
(O)	INDIVIDUAL UNIT	116.04	35.87	19.93	21.67	4.07	29.12	55.79	18.72	
(P)	FAMILY UNITS	382.93	118.38	65.76	71.53	13.44	96.11	184.12	61.76	

1999

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			FOR THE JANUARY	1 THROUGH DECEMI	BER 31,	REPORT YEAR	R				
PAYOR NAME						FEDERAL TAX ID#					
TPA NAME (if applicable)						TPA FEDERAL TAX ID#					
VII. I	VII. Enter the 1999 regional covered lives assessment amounts. Lines Q through S – Round to the nearest tenth. Line T – Round to the nearest whole dollar.										
	ANNUAL ASSESSMENT	REGION									
		NEW YORK CITY	LONG ISLAND	NORTHERN METRO	NORTH- EASTERN	UTICA/ WATERTOWN	CENTRAL	ROCHESTER	WESTERN		
(Q)	INDIVIDUAL UNIT (M x 0)										
(R)	FAMILY UNITS (N x P)										
(S)	TOTALS (Q + R)										
	TOTAL 1999 COVERED		-			-			-		

VIII. Enter the total 1999 covered lives assessment balance due for the year (Total Line T) - Carry forward to the Payment and Reconciliation Summary.

1999

LIVES PAYMENT

LIABILITY (S / 12)

(T)